

# **EXHIBIT 13**

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC)                                    |   | (XI) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>396035</b>                 | (X2) MULTIPLE CONSTRUCTION:<br><br>A. BLDG: <u>  01  </u><br>B. WING: <u>          </u>   | (X3) DATE SURVEY<br>COMPLETED:<br><br><b>12/11/2023</b>  |
|--|---|--|---|--|
| NAME OF PROVIDER OR SUPPLIER:<br><b>SCOTTDALE HEALTHCARE &amp; REHABILITATION<br/>CENTER</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>900 PORTER AVENUE<br/>SCOTTDALE, PA 15683</b> |   |  |
| STATE LICENSE NUMBER: <b>232802</b>  |   |  |   |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY<br>MUST BE PRECEDED BY FULL REGULATORY OR LSC<br>IDENTIFYING INFORMATION)  | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH<br>CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE   | (X5)<br>COMPLETE<br>DATE   |
| K 0321<br><br>SS=E   | NFPA 101 Hazardous Areas - Enclosure<br><br>Hazardous Areas - Enclosure<br>Hazardous areas are protected by a fire barrier having<br>1-hour fire resistance rating (with 3/4 hour fire rated doors)<br>or an automatic fire extinguishing system in accordance<br>with 8.7.1 or 19.3.5.9. When the approved automatic fire<br>extinguishing system option is used, the areas shall be<br>separated from other spaces by smoke resisting partitions<br>and doors in accordance with 8.4. Doors shall be<br>self-closing or automatic-closing and permitted to have<br>nonrated or field-applied protective plates that do not<br>exceed 48 inches from the bottom of the door.<br>Describe the floor and zone locations of hazardous areas<br>that are deficient in REMARKS.<br>19.3.2.1, 19.3.5.9<br><br>Area                      Automatic Sprinkler<br>Separation       N/A<br>a. Boiler and Fuel-Fired Heater Rooms<br>b. Laundries (larger than 100 square feet)<br>c. Repair, Maintenance, and Paint Shops<br>d. Soiled Linen Rooms (exceeding 64 gallons)<br>e. Trash Collection Rooms<br>(exceeding 64 gallons)<br>f. Combustible Storage Rooms/Spaces<br>(over 50 square feet)<br>g. Laboratories (if classified as Severe<br>Hazard - see K322)<br><br>This REQUIREMENT is not met as evidenced by: | K 0321   | K 0321<br><br>1. Facility will seal there was an<br>unsealed duct work penetration in<br>the ceiling of the laundry room<br>above the dryers and the unsealed<br>wire penetration in the ceiling of the<br>laundry room on the soiled linen<br>side.<br>2. Maintenance Director will conduct<br>a facility sweep to ensure all duct<br>work is sealed in hazardous area<br>enclosures.<br>3. NHA will re-educate the<br>Maintenance Director on K0321 that<br>the facility must maintain hazardous<br>area enclosures.<br>4. Maintenance Director/Designee<br>will conduct 1 random audit weekly<br>for 8 weeks to ensure duct work in a<br>hazardous area enclosure is sealed.<br>Audit results will be taken to Quality<br>Assurance for tracking and trending<br>purposes. | Completion<br>Date:<br><b>01/09/2024</b><br>Status:<br><b>APPROVED</b><br>Date:<br><b>01/03/2024</b> |

|   |   |  |   |                          |   |
|---|---|--|---|--------------------------|---|
| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC)   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>396035</b>                 | (X2) MULTIPLE CONSTRUCTION:<br><br>A. BLDG: <u>01</u><br>B. WING: _____                                   |                          | (X3) DATE SURVEY<br>COMPLETED:<br><br><b>12/11/2023</b> |
| NAME OF PROVIDER OR SUPPLIER:<br><b>SCOTTDALE HEALTHCARE &amp; REHABILITATION<br/>CENTER</b><br><br>STATE LICENSE NUMBER: <b>232802</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>900 PORTER AVENUE<br/>SCOTTDALE, PA 15683</b> |   |                          |   |
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| K 0321<br><br>SS=E  | <p>Continued from page 2</p> <p>Based on observation and interview, it was determined the facility failed to maintain hazardous area enclosures in two instances, affecting one of two smoke compartments.</p> <p>Findings include:</p> <p>1. Observation on December 11, 2023, revealed the facility failed to maintain the required one-hour fire rating in the following hazardous area enclosure locations:</p> <p>a) 11:05 a.m., there was an unsealed duct work penetration in the ceiling of the laundry room above the dryers;</p> <p>b) 11:09 a.m., there was an unsealed wire penetration in the ceiling of the laundry room on the soiled linen side.</p> <p>Interview with the Facility Administrator and the Maintenance Supervisor on December 11, 2023, at 12:30 p.m., confirmed the listed hazardous area</p> | K 0321   |   |                          |   |

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| K 0321<br><br>SS=E  | Continued from page 3<br><br>enclosure deficiencies.   |  |  | K 0321   |   |   |                          |



# Certified End Page

**SCOTSDALE HEALTHCARE & REHABILITATION CENTER**

**STATE LICENSE NUMBER: 232802**

**SURVEY EXIT DATE: 12/11/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY